

Court Square Chiropractic

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C.L. Zelano, D.C., P.C.

December 5, 2005

Attorney Brett Levy
40 Court Street, Suite 700
Boston, MA 02108

RE: Flavia Benitez
SSN: [REDACTED]
DOA: 3/12/05

Dear Attorney Levy:

The following is the report you requested regarding Ms. Benitez.

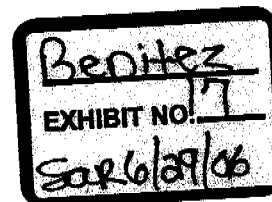
History Of Complaint:

On March 12, 2005 Ms. Benitez was involved in a motor vehicle accident in which her vehicle was struck from the rear end. She was the driver of the vehicle. Ms. Benitez stated that she was wearing her seat belts when the accident occurred. The patient reported that she was stopped at a stop sign when another car collided into hers. She denied any LOC. Following the accident she went home. She was seen at Brigham & Women's Hospital where she was examined, given medication and released and told to seek additional care if the pain continued. During her initial consultation in this office, Ms. Benitez indicated that she was experiencing constant severe mid and lower back pain. She was also experiencing frequent moderate neck and headache pain.

Past History:

The patient was involved in a MVA in 2000. She received treatment and her condition was resolved. She related she has asthma and high blood pressure, but otherwise her general health has been good. No other significant medical history was reported.

Ms. Benitez is a 50 year old lady of Hispanic descent who appeared to be very uncomfortable. She is currently unemployed.



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Examination Findings:

The patient's carriage and gait were altered. Her movements appeared guarded and restricted. The patient's blood pressure was 126/84.

On active range of motion testing in the cervical region, flexion was measured at 39 degrees and was restricted due to pain, extension was measured at 40 degrees and was restricted due to pain, right lateral flexion was measured at 39 degrees and was restricted due to pain, left lateral flexion was measured at 38 degrees and was restricted due to pain, right rotation was measured at 63 degrees and was restricted due to pain and left rotation was measured at 64 degrees and was restricted due to pain.

On active range of motion testing in the lumbar region, true flexion was measured at 35 degrees and was restricted due to pain, extension was measured at 13 degrees and was restricted due to pain, right lateral flexion was measured at 16 degrees and was restricted due to pain and left lateral flexion was measured at 16 degrees and was restricted due to pain.

Maximum Cervical Rotary Compression, Foraminal Compression, Shoulder Depressor Test and Soto-Hall were positive. Supine Straight Leg Raise was positive bilaterally at 30 degrees for the lower back pain. Nachlas Test and Gaenslen's Sign were positive.

On visual inspection, the optic discs were sharp and the visual fields were intact. The pupils were equal, round and reactive. All extraocular movement was normal.

All of the upper extremity DTRs were 2/2. All of the lower extremity DTRs were 2/2.

All of the upper extremity dermatomes were found to be normal bilaterally via a pinwheel. The lower extremity dermatomes were found to be unremarkable.

Heel and toe walk was painful and difficult.

Manual muscle testing of the upper and lower extremities was rated +4/+4 with increased pain.

On manual palpation, moderate to severe spasm and tenderness were found in the lumbar region and the thoracic region. On further digital palpation, moderate spasm and tenderness were observed in the cervical region.

On spinal evaluation, fixations were observed in the cervical spine, the thoracic spine and the lumbar region.

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Assessment Of Condition:

lumbosacral sprain / strain (846.0)
thoracic sprain / strain (847.1)
cervical sprain / strain (847.0)
headache, cervical spine related (723.9)

Treatment Plan:

The goals of care were to alleviate her symptoms, eliminate her regional muscle spasm and reduce the regional tenderness. Additional goals of care were to correct all subluxations, return all of her ranges of motion back to normal levels and return all of the relevant objective findings to normal.

Treatment was for the purpose of reducing symptoms, stabilizing and rehabilitating the injured areas, and for the prevention of permanent impairment and disability. Treatment consisted of specific spinal adjustments to restore proper vertebral motion and to reduce irritation in the vicinity of the spinal nerves. Intersegmental vertebral traction was utilized to accelerate the restoration of proper vertebral motion. Electrotherapy was used to reduce muscle spasm and pain, and to improve circulation to the areas of injury. Therapeutic exercises were prescribed to strengthen and to increase the endurance of the specific muscles that became weakened or injured.

Disability:

The patient was partially disabled from 3/28/05 through 9/9/05.

Prognosis:

Exacerbation and remissions are common and may be provoked by ordinary activities of daily living. Precipitating factors are muscular exertion and/or increased muscular activity. Ms. Benitez will likely have intermittent discomfort as a result of residual unresolved injuries.

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Comments:

It is my opinion, based on the history as presented by the patient and the above noted examination findings, that the injuries indicated in this report were sustained in the accident on March 12, 2005.

"I certify that I am a chiropractor licensed to practice in the state of Massachusetts. This report and/or itemized bill and certification are subscribed and sworn to under the pains and penalties of perjury."

Sincerely,



Carlo L. Zelano, D.C.

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